



ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

Phone: (334) 420-7231

Fax: (334) 263-6115

OFFICIAL USE
by
Alabama Athletic
Commission

Acknowledgement
of
Receipt

In this space, the applicant
must attach a clean, full-face
photo of head and shoulders
taken within the past
six (6) months.
2"x2" SIZE PHOTO

APPLICATION FOR LICENSURE

AS A CHIEF INSPECTOR

TYPE: ☐ **BOXING** ☐ **KICKBOXING**
 ☐ **MMA** ☐ **TOUGHMAN**
 ☐ **WRESTLING**

(Select only **ONE TYPE** above)

*A separate application is required for each additional **TYPE**.

Commission's Official Use Only:

AAC License # _____ CI

***RESTRICTIONS:** NO APPLICATIONS TO SERVE AS AN OFFICIAL WILL BE ACCEPTED FOR ANYONE CURRENTLY LICENSED BY THIS COMMISSION TO SERVE OR HAS SERVED WITHIN THE LAST FIVE (5) YEARS AS A PROMOTER, MATCHMAKER, TRAINER, MANAGER, SECOND OR COMPETITOR.

I hereby make application for licensure in the State of Alabama to serve as a **CHIEF INSPECTOR** under the jurisdiction of the Alabama Athletic Commission:

1. **Full Name** _____
(Legal Name - Public Record)
2. **Address of Record** _____ **Telephone** (____) _____
(The Above Address IS Public Record) *Street* *City* *State, Zip* (Circle One: Office/Home/Cell Phone)
3. **Mailing Address** _____ **E-mail** _____
(The Above Address IS NOT Public Record) *Street/P.O. Box* *City* *State, Zip*
4. **Date of Birth** ____ / ____ / ____ **Place of Birth** _____ **Social Security No.** ____ / ____ / ____
 mm dd yyyy
5. **Are you a United States citizen?** ☐ Yes ☐ No
If NO, do you have documentation that you are here legally? ☐ Yes ☐ No
**Please ATTACH documentation that proves your assertion.
6. **Have you ever been convicted of any State or Federal felony?** ☐ Yes ☐ No
*If YES, ATTACH a detailed statement, including a summary of the charges, the final order, any probation or parole documentation and any other relevant information.
7. **Have you ever held a Boxing, Kickboxing, MMA, Toughman or Wrestling related license in any other state?** ☐ Yes ☐ No
*If YES, LIST the STATE, POSITION and TYPE of license:
(Ex: California-Matchmaker, Boxing)

8. **Have you ever had a Boxing, Kickboxing, MMA, Toughman or Wrestling related license or registration revoked, suspended, fined or otherwise sanctioned for a violation?** ☐ Yes ☐ No
*If YES, ATTACH a COPY of the charges and the final order.
9. **Are you or have you ever been a user of or addicted to any habit forming or unlawful substance?** ☐ Yes ☐ No
*If YES, ATTACH proof of participation in a recognized drug rehabilitation program.
10. **Have you had at least five (5) years documented experience as an Official in the TYPE of events applying for licensure?** ☐ Yes ☐ No
*Indicate TOTAL number of years: ____BOXING____KICKBOXING____MMA____TOUGHMAN____WRESTLING
11. **Have you received training through the Association of Boxing Commissions (ABC) as having passed the examination as a Judge or Referee in the TYPE of events applying for licensure?** ☐ Yes ☐ No
*If YES, ATTACH certificate of completion.



****You must sign application in the presence of a Notary Public, Commissioner or Commission-Appointed Representative.**

Full Name: _____
(Print)

Date of Birth: ____/____/____

Social Security No. ____/____/____

➤ **CHARACTER REFERENCES:** Below, please provide the names and current contact information of three (3) references who can attest to your personal integrity and proficiency as a CHIEF INSPECTOR, and **ATTACH** reference letters, if available.

NAME:

ADDRESS:

TELEPHONE #:

_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT

I **hereby certify** that I am the person named above and that I am physically fit, mentally sharp, and of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have read the AAC Administrative Code and will comply with the State Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Alabama Athletic Commission or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Alabama Athletic Commission to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application. I understand the duties and responsibilities of a Chief Inspector.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public's Official Signature (Or Commission-Appointed Representative)

Notary Public's Commission Expires: _____

(Notary Public Seal)

APPROVED BY ALABAMA ATHLETIC COMMISSION

DATE

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OFFICIAL'S EXPERIENCE

***NOTE: IF YOU HAVE A RESUME OR LIST OF BOUT RECORDS, PLEASE ATTACH OR SEND TO:**

leah@alstateboard.com

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***OFFICIAL'S EXPERIENCE INSTRUCTIONS:**

Document a minimum of **five (5) years** of experience as an Official relevant to the **TYPE** of events that you are applying, including promoters' names, addresses, phone numbers and dates of events.

- When serving as an **Inspector**, include the name of the promotion and dates of events that you served as an Inspector.
- When serving as a **Referee**, list the results of the matches and the name of the Judge who scored those matches.
- When serving as a **Judge**, list the results of the matches you judged and the name of the Referee who refereed those matches.
- When serving as a **Timekeeper**, list the results of the matches you served as Timekeeper and the Referee who referred those matches.

****At minimum, please provide enough information for us to be able to search and find a bout within online records and databases, should we need to do so.**

PROMOTER'S NAME: _____ PHONE NUMBER: _____

PROMOTER'S ADDRESS: _____ CITY & STATE EVENT HELD: _____

DATE of SERVICE/EVENT: ____/____/____
 mm dd yyyy

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

Bout between _____ vs. _____ Results: _____ Official: _____

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